



**Maryland
Department of Agriculture**

Food Quality Assurance Program
50 Harry S. Truman Parkway
Annapolis, MD 21401
410-841-5769 FAX 410-841-2750

PCA 23203 OBJ 8118
Date Recd _____
Amount Recd _____
Approved _____
Approval Date _____

Annual Fee: \$75.00

On Farm Poultry/Rabbit Processing Certification Application
Authority: Agriculture Article, §§10-601 *et seq.*, Annotated Code of Maryland

Name and Mailing Address		Location Address
Owner Name:		County:
Telephone Number:	Cell Phone:	Email:
Types, numbers of farm products and proposed slaughter dates:		
Type	Estimate of annual number slaughtered	Proposed Slaughter Dates
Chickens		
Turkeys		
Domestic Duck		
Domestic Geese		
Other Poultry Please indicate type		
Rabbits		

Attach a sample of all labels you plan to use on product for approval

If you are registered with MDA to sell eggs, your MD number for poultry and/or rabbits will be the same. Please indicate your MD number _____

Applicant Statement:

I solemnly affirm that the information I have provided in this application is true and correct and that I have read and agreed to abide by MDA's Certification Program requirements. I understand that if my application is approved, I will be considered an approved source by the Department of Health and Mental Hygiene and permitted to sell intrastate the farm products noted in my application provided, however, I comply with MDA's program requirements including, but not limited to USDA/FSIS inspection exempt requirements. I also understand that such approval does not indicate that the activities covered by this application comply with other applicable federal, state, or local laws. In addition, I understand that such approval may be revoked if I fail to comply with MDA's program requirements listed on the reverse side of this application or other applicable federal, state, or local laws.

Applicant Signature: _____

Applicant Title: _____

Date: _____